1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06366 06372

1. DECEASED-NAME (Type or print)	First: Adelene	Middle:	Last: Armwood	2a. DATE OF DEATH Month: Apr. Day: 23 Year: 1968		2b. HOUR: M
3. SEX: Female	4. RACE: Negro	5. DATE OF BIRTH: 3-11-1911	6. AGE (In years last birthday): 57 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Ga.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Worcester			Md.
10. CITY OR TOWN OF DEATH: Pocomoke	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Home - R.F.D.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laborer	12b. KIND OF BUSINESS OR INDUSTRY: Factory			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Worcester	13c. CITY OR TOWN: Pocomoke	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: R.F.D.		
14. FATHER'S NAME First: Robert	Middle:	Last: Grimes	15. MOTHER'S MAIDEN NAME First: Rachel	Middle:	Last: ?	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 222-03-9106	17. INFORMANT: Bessie M. Allen	Address: R.F.D. Pocomoke, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Emphysema, chronic, severe.

4129

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Chronic Bronchitis, severe.

DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic Heart disease, mod.sev.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4200 Arteriosclerosis, gneeralized, severe.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. 8 Month 04 Day 23 Year 1968	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 9=4- , 1965 , to 4-12- , 1968 , that (I) (we) last saw the deceased alive on 4-12- 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: N.E. Sartorius, Jr.	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 4-25-68	
22d. PHYSICIAN'S NAME (Type): N.E. Sartorius, Jr., M.D.	22e. ADDRESS: 114 Market St., Pocomoke City, Md.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Apr. 29, 1968	23c. NAME OF CEMETERY OR CREMATORY: St. James Cem.	23d. LOCATION (City or Town): Pocomoke	(County): Wor.	(State): Md.
24. FUNERAL DIRECTOR: Harris Lowe	ADDRESS: New Church, Va.	25a. REC'D BY REGISTRAR DATE: APR 30 1968	25b. REGISTRAR'S SIGNATURE: Charles Jugg		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death ... any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form MM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00367 06373

1. DECEASED-NAME (Type or Print) First: Charles Middle: Gilbert Lost: Barrett				2a. DATE KNOWN OF DEATH [X] ESTIMATED [ ] Month: 4 Day: 2 Year: 19 68	2b. HOUR 245 P M
3. SEX: Male	4. RACE: Cauc.	5. DATE OF BIRTH: 5-12-10	6. AGE (In years last birthday) 57 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: APRIL Day: 2 Year: 19 68	2d. HOUR 245 P M
7a. BIRTHPLACE (State or foreign country): New York	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Worcester County, Md.		
10. CITY OR TOWN OF DEATH: Berlin	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Ocean City Golf Club	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Automobile	12b. KIND OF BUSINESS OR INDUSTRY: Retailer		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Worcester	13c. CITY OR TOWN: Berlin	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 207 S. Main St.	
14. FATHER'S NAME First Middle Lost: James Barrett		15. MOTHER'S MAIDEN NAME First Middle Lost:			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 088-05-7479	17. INFORMANT ADDRESS: Mrs. Regina Barrett Berlin, Md.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY occlusion Acute — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: INSTANT
DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD with CORONARY INSUFFICIENCY — 3 years
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): 4201

19a. DATE OF OPERATION: —	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [ ] NO [X]
21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I took charge of the remains described above, held on Autopsy [ ], Inspection [X], Inquiry [ ], and in my opinion death resulted from: Natural causes [X] Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Francis J. Townsend, Jr. M.D.
EXAMINER'S NAME (Type): Francis J. Townsend, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]
ADDRESS (Street, city, town, or county): Berlin, Md.
22b. DATE SIGNED: April 3, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4-5-68	23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park	23d. LOCATION (City or Town) (County) (State): Worcester Co., Md.	
24. FUNERAL DIRECTOR: Ullrich Funeral Home	ADDRESS: Berlin, Md.	25a. RECEIVED BY REGISTRAR DATE: APR 5 - 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medicol Examiner's Office along with form VM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremotion, or removol, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06368 06374

1. DECEASED-NAME (Type or Print) First: William	Middle:	Last: Bradford	2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month: 4	Day: 7	Year: 1968	2b. HOUR: ?A M	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 5-4-94	6. AGE (in years last birthday): 73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: 4 Day: 7 Year: 1968	2d. HOUR: 1P M
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Worcester Md.				
10. CITY OR TOWN OF DEATH: Whaleyville R.D.1	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Whaleyville R.D.1	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farming --Retired Farming	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Worcester	13c. CITY OR TOWN: Whaleyville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Whaleyville R.D. 1			
14. FATHER'S NAME First: Stephen	Middle:	Last: Bradford	15. MOTHER'S MAIDEN NAME First: Emma	Middle: Jane	Last: Hudson		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 222-18-9313	17. INFORMANT: Mrs. Florence Bradford	ADDRESS: R.D. 1 Whaleyville				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Myocarditis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b):

DUE TO, OR AS A CONSEQUENCE OF

(c):

422 X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

431 X

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [ ] NO [X]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [X], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Clifford E. Schott M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X] Acting

22b. DATE SIGNED: 4-8-68

EXAMINER'S NAME (Type): Clifford E. Schott, M.D.

ADDRESS (Street, city, town, or county): Worcester

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	4-10-68	Red Men Cemetery	Selbyville Sussex Del.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Watson & Whaley	Selbyville, Del.	APR 15 1968	Charles Judge

VR A15ME (5) 10M REV. 1/68

FOR STATE HEALTH DEPT.

06369

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06375

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form RM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, ar removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: GROVER	Middle: Cleveland	Last: Collins JR.	2a. DATE KNOWN OF DEATH ESTIMATED: Month APRIL Day 16 Year 68	2b. HOUR 705 AM			
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: May 16, 1912	6. AGE (In years last birthday): 55 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month APRIL Day 16 Year 1968	2d. HOUR 705 AM
7a. BIRTHPLACE (State or foreign country): Bishopville, Md	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Worcester Md.				
10. CITY OR TOWN OF DEATH: Berlin	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 619 Williams St.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Poultry Executive	12b. KIND OF BUSINESS OR INDUSTRY: Poultry				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Wor	13c. CITY OR TOWN: Berlin	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 619 Williams St.			
14. FATHER'S NAME First: GROVER	Middle: Cleveland	Last: Collins	15. MOTHER'S MAIDEN NAME First: Alberta	Middle:	Last: MORRIS		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-16-4967	17. INFORMANT: MRS. Carol Collins DAVID	ADDRESS: R 2 Box 27 Berlin, Md.				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Emphysema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 years
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

492 X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

5271

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒ Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: F.J. Townsend JR M.D.

EXAMINER'S NAME (Type): F.J. Townsend JR

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED: April 16, 68

ADDRESS (Street, city, town, or county): Ocean City, Md — Worcester

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 4/18/68	23c. NAME OF CEMETERY OR CREMATORY: ODD FELLOWS	23d. LOCATION (City or Town) (County) (State): BISHOPVILLE WOR. MD	
24. FUNERAL DIRECTOR: Anna A. Burbage	ADDRESS: Berlin Md	25a. REC'D BY REGISTRAR DATE: APR 23 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

VR A15ME 5
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

06370 06376

1. PLACE OF DEATH
a. COUNTY: Worcester — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Stockton
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address):

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: Virginia — b. COUNTY: Accomack
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chincoteague
d. STREET ADDRESS: 735 South Main Street
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: John — Middle: Edward — Last: Ewell
4. DATE OF DEATH: Month: April — Day: 28, — Year: 1968

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept. 5, 1883
9. AGE (In years last birthday): 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (County & State, or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John R. Ewell
14. MOTHER'S MAIDEN NAME: Susan Silverthorne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown): No (If yes give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Helen Colona, Chincoteague, Virginia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Mesenteric Thrombosis — 16 hrs
4409
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from April, 1962 to Nov. 13, 1968 that (I) (we) last saw the deceased alive on April 27 1962, and that death occurred at 6 AM, from the causes and on the date stated above.

22a. SIGNATURE: Donald J. Amrien
ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ M.D.
22b. DATE SIGNED: April 30, 1968
22c. PHYSICIAN'S NAME (Type): Donald J. Amrien, M.D.
22d. ADDRESS: Chincoteague, Va.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: 4-30-1968
23c. NAME OF CEMETERY OR CREMATORY: Groton Cemetery
23d. LOCATION (City, town or county) (State): Hallwood, Virginia

24. FUNERAL DIRECTOR ADDRESS: Salyer Funeral Home, Chincoteague, Virginia
25a. REG'D BY REGISTRAR DATE: MAY 2 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20M 1/65

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A 5ME (5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6687

1 DECEASED NAME (Type or Print): First: JONATHAN Middle: LAWRENCE Last: HITCHENS

2a DATE KNOWN OF DEATH / ESTIMATED: Month: APRIL Day: 8 Year: 19 68

2b HOUR: 658 M

3 SEX: M

4 RACE: W

5 DATE OF BIRTH: 06/02/94

6 AGE (In years last birthday): 73 YRS

If under year: Months / Days

If under 24 hrs.: Hours / Min.

2c DATE PRONOUNCED DEAD: Month: APRIL Day: 8 Year: 68

2d HOUR: 650 A M

7a BIRTHPLACE (State or foreign country): DELAWARE

7b CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9 COUNTY OF DEATH: WORCESTER Md

10 CITY OR TOWN OF DEATH: Ocean City

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 13 N. Philadelphia Ave

12a U.S.A. OCCUPATION (Kind of work done during most of working life even if retired): PLUMBER Ret

12b KIND OF BUSINESS OR INDUSTRY: Plumbing

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md

13b COUNTY: WOR

13c CITY OR TOWN: Ocean City

13d INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 13 N. Philadelphia Ave.

14. FATHER'S NAME: First: SILAS Middle: H. Last: HITCHENS

15. MOTHER'S MAIDEN NAME: First: MARY Middle: E. Last: LEWIS

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16b SOCIAL SECURITY NO: 216-09-7783

17. INFORMANT: MRS ELLEN HITCHENS, WIFE

ADDRESS: Ocean City Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CORONARY OCCLUSION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: INSTANT

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 4107

DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD with Myocardial INSUFF — 5 years

DUE TO, OR AS A CONSEQUENCE OF (c): —

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): 4201

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?:

20. AUTOPSY? YES [ ] NO [X]

21a EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH:

21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18):

21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.):

21f LOCATION Street or R F D No / City or Town / County / State:

22a. I certify that I took charge of the remains described above, held on Autopsy [ ], Inspection [X] Inquiry [ ], and in my opinion death resulted from Natural causes [X] Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

EXAMINER'S NAME (Type): F. J. TOWNSEND, JR.

ADDRESS (Street, city, town or county): Ocean City Md

22b DATE SIGNED: APRIL 8, 1968

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b DATE: 4 | 11 | 68

23c NAME OF CEMETERY OR CREMATORY: SUNSET MEMORIAL

23d LOCATION (City or Town) (County) (State): BERLIN WOR. MD

24 FUNERAL DIRECTOR: Anna A. Burbage

ADDRESS: Berlin Md

25a RECD BY REGISTRAR DATE: APR 11 1968

25b REGISTRAR'S SIGNATURE: Charles Judge

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8372

1 DECEASED-NAME (Type or Print): First SIMON Middle Shepard Last IRISH

2a DATE OF DEATH: KNOWN ☒ EST ☐ Month APRIL Day 22 Year 68

2b HOUR 3:45 M

3 SEX: M

4 RACE: W

5 DATE OF BIRTH: Dec 2, 1943

6 AGE (In years last birthday): 24 YRS

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS: HOURS MIN

2c. DATE PRONOUNCED DEAD: Month APRIL Day 22 Year 1968

2d HOUR 3:45 M

7a. BIRTHPLACE (State or foreign country): North Conway N.H

7b CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Worcester Md

10. CITY OR TOWN OF DEATH: Berlin

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): William St.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Surveyor

12b KIND OF BUSINESS OR INDUSTRY: Engineering

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md

13b. COUNTY Wor

13c. CITY OR TOWN Berlin

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e STREET AND NUMBER: Rural - R 2

14. FATHER'S NAME: First Keele Middle H Last Irish

15 MOTHER'S MAIDEN NAME: First Leah Middle Mc Last INTIRE

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS: Mrs Leah Irish Berlin, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): 32 caliber gun shot wound, head

755X

DUE TO, OR AS A CONSEQUENCE OF

(b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: INSTANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

126X None

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b TIME OF INJURY, Month, Day, Year: HOUR A.M. P.M. 3:45 Apr 22 1968

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18): Gunshot wound head - self inflicted

21d INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Street

21f LOCATION Street or R.F.D. No.: Williams St. City or Town: Berlin County: Wor State: Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from. Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): F. Townsend Jr. M.D.

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, City, Town or County): Berlin Md. Wor

22b DATE SIGNED: April 24, 68

23a BURIAL CREMATION REMOVAL (Specify)

23b DATE: April 29, 68

23c NAME OF CEMETERY OR CREMATORY: Sunset Memorial

23d LOCATION (City or Town) (County) (State): R2 Berlin Wor Md.

24 FUNERAL DIRECTOR: Dunbar Funeral Home ADDRESS: Berlin, Md.

25a RECD BY REGISTRAR DATE APR 25 1968

25b REGISTRAR'S SIGNATURE: Charles Yingst

VR A15ME (5)
10M REV 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form BMS Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be mailed as a burial-transit permit. File pages 1 and 2 with the Department of Health prior to burial, cremation, or removal. And in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

C 873

1. DECEASED-NAME (Type or Print) First: HENRIETTA	Middle: --	Last: JONES	2a. DATE KNOWN OF DEATH ESTIMATED: Month Day: 4/22	Year: 1968	2b. HOUR: M		
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Feb. 19, 1907	6. AGE (In years last birthday): 61 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month April Day 22 Year 1968	2d. HOUR: M
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Separated	9. COUNTY OF DEATH: WORCESTER				Md
10. CITY OR TOWN OF DEATH: Girdletree	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Box Iron	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired Shirt Factory	12b. KIND OF BUSINESS OR INDUSTRY: employee				
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Worcester	13c. CITY OR TOWN: Girdletree	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: --			
14. FATHER'S NAME First: King	Middle: Archiball	Last: Powell	15. MOTHER'S MAIDEN NAME First: Virginia	Middle: Elizabeth	Last: West		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-01-8661	17. INFORMANT (Son) ADDRESS: Mr. Paul Wayne Jones, Girdletree, Maryland					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — APPROX. INTERVAL BETWEEN ONSET AND DEATH: 1 minute

DUE TO, OR AS A CONSEQUENCE OF

(b): Arteriosclerotic Heart Disease — 5 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c): ~~Diabetes Mellitus~~

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

41

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒	
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Lloyd O. Long, M.D.

EXAMINER'S NAME (Type): Dr. Lloyd O. Long

ADDRESS (Street, city, town, or county): 104 N. Bay Street, Snow Hill, Md.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED: April 24 /1968

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: April 25, 1968	23c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery	23d. LOCATION (City or Town) (County) (State): Powellville, Wicomico, Md.	
24. FUNERAL DIRECTOR ADDRESS: HOLLOWAY & COMPANY, SALISBURY, MARYLAND	25a. RECD BY REGISTRAR DATE: APR 29 1968	25b. REGISTRAR'S SIGNATURE: J. Charles Judge		

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

63974

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Hazel	Maye	Ludwig	April	12	1968	12:30 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	If under year: Months	Days	If under 24 hrs: Hours	Min
Female	White	Feb. 5, 1899	69 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Wisconsin	USA		Worcester Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Snow Hill	103 N. Church St.	Resturant Manager	E.I.duPont

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
Maryland	Worcester	Snow Hill		103 N. Church St.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Christopher		Sorensen	Unknown	WILHELMINA	JOHMIOT

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No -----	Unknown	George J. Woods, Snow Hill, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.

		APPROX. MATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE CORONARY OCCLUSION	MINUTES
DUE TO, OR AS A CONSEQUENCE OF (b)	CORONARY ATHEROSCLEROSIS	5 YRS
DUE TO, OR AS A CONSEQUENCE OF (c)	HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE	10 YRS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 4

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
HYPERTENSION AND CARDIAC FAILURE

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 2/23/68, 19____, to 4/12/68, 19____, that (I) (we) last saw the deceased alive on 4/12/68 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS ☒	MED DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Robert C. La Mar					4/12/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Robert C. La Mar, M.D.	104 N. Bay Street, Snow Hill, Md. 21863

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	4-16-68	Arlington National Cem.	Arlington Va.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wilhelm Funeral Home	4308 Suitland Rd., Suitland, Maryland	APR 17 1968	[signature] Judge

VR A15 (4)
30M REV 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word 'pending' in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1/68

It was filed a-2a film
-5-

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00275

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or Print)	First: Roger	Middle: Vincent	Last: Noctor	JR	2a DATE KNOWN OF DEATH ESTIMATED ☒	Month Day Year: April 14 68	2b HOUR: 1140 M
3 SEX: M	4 RACE: W	5 DATE OF BIRTH: July 12, 1935	6 AGE (In years last birthday): 32 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c DATE PRONOUNCED DEAD: Month April Day 14 Year 68	2d HOUR: 1140 P M
7a BIRTHPLACE (State or foreign country): Chester, PA	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Worcester				Md.
10 CITY OR TOWN OF DEATH: Ocean City	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Beach (Ocean) at 15th Ave	12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): Steel worker	12b KIND OF BUSINESS OR INDUSTRY: Steel				
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b COUNTY: Wor	13c CITY OR TOWN: Ocean City	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: Crystal Mobile Pk			
14 FATHER'S NAME: First Roger	Middle Vincent	Last Noctor	15 MOTHER'S MAIDEN NAME: First Margaret	Middle Gabrielle	Last Bennett		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	If yes give war or dates of service: Korean War	16b SOCIAL SECURITY NO.: 162-28-462	17. INFORMANT: Mrs. C.V. Noctor	ADDRESS: Ocean City, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Deferred pending Autopsy — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(b): Drowning, accidental — unknown

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

9298 Obesity

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES ☒ NO ☐	
21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year HOUR A.M. 12:50 P.M. 4-14 1968	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18): Swimming in very cold water	
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Ocean, Atlantic	21f LOCATION Street or R.F.D. No.	City or Town: Ocean City — County: Worcester — State: Md

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type): F.A. Townsend Jr. M.D.

ADDRESS (Street, City, Town or County): Ocean City Worcester

22b. DATE SIGNED: April 14 68

23a BURIAL, CREMATION REMOVAL (Specify): Burial	23b DATE: 4-19-68	23c NAME OF CEMETERY OR CREMATORY: Immaculate Heart Cem.	23d LOCATION (City or Town): Linwood, Penna.	(County) (State)
24. FUNERAL DIRECTOR: Thomas F. Wallace	ADDRESS: Salisbury, Md.	25a REC'D BY REGISTRAR DATE APR 17 1968	25b REGISTRAR'S SIGNATURE: [signature]	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06376 Item 5 A11n 6388 10/19/68 KK

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06382

FOR STATE HEALTH DEPT. I

1. DECEASED-NAME (Type or Print) First: HARRY	Middle: RAYMOND	Last: TIMMONS	2a. DATE KNOWN OF DEATH ☐ / ESTIMATED ☐ Month Day Year: 4-10-1968	2b. HOUR: 1354 M		
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: May 25 1898	6. AGE (In years last birthday): 69 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month Day Year 19	2d. HOUR M
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: WORCESTER Md.				
10. CITY OR TOWN OF DEATH: BERLIN	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RURAL - NEWPORT	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FARM MECHANIC	12b. KIND OF BUSINESS OR INDUSTRY: AUTOMOTIVE				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: WOR	13c. CITY OR TOWN: BERLIN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: Md. Ave			
14. FATHER'S NAME First: JAMES	Middle:	Last: TIMMONS	15. MOTHER'S MAIDEN NAME First: DAISY	Middle:	Last: EVANS		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): No	16b. SOCIAL SECURITY NO.: 216-09-9711	17. INFORMANT: A	ADDRESS: Mrs. Harry R. Timmons	Berlin Md		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): FRACTURE SKULL & CRUSH INJURY chest & Abdomen — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 823.9

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

9121

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 935 P.M. 1968	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Heavy duty tractor turned over & tire fell on him.
21d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): FARM	21f. LOCATION Street or R.F.D. No. / City or Town: Berlin / County: Wor / State: Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): F T Townsend, Jr

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county): Md. Worcester

22b. DATE SIGNED: Apr 12, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 4/13/68	23c. NAME OF CEMETERY OR CREMATORY: EVERGREEN	23d. LOCATION (City or Town): BERLIN	(County): WOR.	(State): MD
24. FUNERAL DIRECTOR: Anna A. Burbage	ADDRESS: Berlin Md.	25a. REC'D BY REGISTRAR DATE: APR 16 1968	25b. REGISTRAR'S SIGNATURE: Charles Jones		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

FOR STATE HEALTH DEPT. USE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06377

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06383

1. DECEASED-NAME (Type or Print) First	Middle	Last
CORINNE	BLALOCK	YOUNG

2a. DATE OF DEATH: KNOWN ☑ ESTIMATED ☐ Month 4 Day 24 Year 1968 — 2b. HOUR 4-5 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Female	White	Dec. 23, 1896	71 YRS.		

2c. DATE PRONOUNCED DEAD: Month April Day 24, Year 1968 — 2d. HOUR 8 a.m.

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
North Carolina	U.S.A.		Worcester Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Pocomoke	7 Winter Quarters Dr.	Housewife	- - -

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Worcester	Pocomoke	YES ☒ NO ☐	7 Winters Quarters Dr.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Romulus	Benton	Blalock	Zimenia	---	Wimberley

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	--	unknown	Mrs. Elsie Anderson, Princess Anne, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffocation — Approximate interval between onset and death: Unknown
DUE TO, OR AS A CONSEQUENCE OF
(b) Fire and Smoke Inhalation — Approximate interval between onset and death: "
DUE TO, OR AS A CONSEQUENCE OF
(c)

890 X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
9160

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☐ NO ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 4-5 P.M. 4-24 1968	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
		Fire undetermined Origin. Smoke inhalation

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State
	Home in bed.	7 Winter QtrsDr. Pocomoke, Wor. Maryland

22a. I **certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Charles W. Trader M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

EXAMINER'S NAME (Type) 302 Market St. Pocomoke, Wor. Md. ADDRESS (Street, city, town, or county)

22b. DATE SIGNED apr. 25, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	4-27-1968	Bethany Methodist	Pocomoke - Wor. - Md.

24. FUNERAL DIRECTOR ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Robert H. Watson Pocomoke, Md.	APR 29 1968	Charles Judge

Robert H. Watson